

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	1					
4		2				
5		2				
6		2				
7		2				
8		2				
9						
10		2				
11		2				
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20	1					
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34	1					
35		1				
36		1				
37		1				
38		1				
39		1				
40	1					
41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	11					
TOTAL DEP.	47	↓	↓	↓	↓	↓
TOTAL CLAIMS	58					

SERIAL NO.	FILING DATE	
APPLICANT(S)		
CLAIMS	*	*
IND.	IND.	DEP.
1	51	1
2	52	1
3	53	1
4	54	1
5	55	1
6	56	1
7	57	1
8	58	1
9	59	1
10	60	1
11	61	1
12	62	1
13	63	1
14	64	1
15	65	1
16	66	1
17	67	1
18	68	1
19	69	1
20	70	1
21	71	1
22	72	1
23	73	1
24	74	1
25	75	1
26	76	1
27	77	1
28	78	1
29	79	1
30	80	1
31	81	1
32	82	1
33	83	1
34	84	1
35	85	1
36	86	1
37	87	1
38	88	1
39	89	1
40	90	1
41	91	1
42	92	1
43	93	1
44	94	1
45	95	1
46	96	1
47	97	1
48	98	1
49	99	1
50	100	1
TOTAL IND.	3	
TOTAL DEP.	1	↓
TOTAL CLAIMS	4	↓

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